



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1663089		2. Exact name of the Corporation NEW ENGLAND ADJUSTER, INC.	
3. Principal Office Address 54 GOVERNORS HILL		City WEST WARWICK	State RI
		Zip 02893	
4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island INSURANCE CLAIMS ADJUSTER		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WILLIAM J. WELLS		Vice-President Name KATHRYN A. WELLS	
Street Address 54 GOVERNORS HILL		Street Address 54 GOVERNORS HILL	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name WILLIAM J. WELLS		Director Name	
Street Address 54 GOVERNORS HILL		Street Address	
City WEST WARWICK	State RI	City	State
Zip 02893		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	COMMON
			NPV
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative WILLIAM J. WELLS		Date FILED 3-1-17	
Signature of Authorized Representative <i>William J. Wells</i>		MAR 06 2017	